



Your user guide to:
Finance **Capital projects & premises**
management **Information management**
& technology **Counter fraud & post**
payment verification **Local security**
management and **Training**.



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Foreword

I am delighted to introduce this User Guide which is aimed at all employees of NHS Wirral, and in particular I am hopeful that it will be of real benefit to those with budgetary responsibilities. If you are new to NHS Wirral, this guide should provide you with an invaluable introduction to the Finance Directorate and the different services that we offer.

The handbook is intended to act as a reference guide to provide you with useful information and sign post you to the correct team within the Finance Directorate who can help and support you in your day to day work.

You will find team information, key contacts and contact numbers within the guide to ensure you are directed to the most appropriate person to assist with any query you have.

Equally you will also gain a perspective of the wealth of experience we hold within our Directorate, not only in terms of



Russell Favager, Director of Finance

Finance activities but also Capital Projects, Local Counter Fraud Services, Information Management and Security.

These are exciting times for NHS Wirral and whilst change is not always easy, we are a high reputation organisation that thrives on difficult challenges to obtain the best outcome for the people of Wirral.

The launch of this User Guide also coincides with the Finance Department Business Plan which will clearly set out the direction of travel and the demanding objectives that we have set ourselves as a team over and above our statutory national and local targets.

“These
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Wirral
”

In April 2008 NHS Wirral moved to a new financial ledger system managed by Shared Business Services (SBS), this was a major change for not only the Finance Directorate but also the organisation.

The new system will assist budget holders greatly to improve control of expenditure and support them to financially plan more effectively and we hope you are already feeling the benefits of these changes.

This is an unprecedented period of infrastructure development for the organisation. Not only are we

currently dealing with various GP developments but the Capital Projects team is managing the significant redevelopment of St Catherine's. This will allow for 21st Century services to be delivered from modern, fit for purpose premises and at the time of writing, work is due to begin in the winter of 2009.

You will find a glossary of terms and commonly used NHS acronyms at the end of this guide which I trust you find useful.

I sincerely hope that you find this first edition both valuable and informative, and would welcome any suggestions you have for improvements for future editions.



Russell Favager
Director of Finance
NHS Wirral

Directorate responsibilities

Finance

- Financial reporting
- Financial management
- Financial standing
- Financial governance and control
- Value for money

Capital projects and premises management

- Assist in the delivery of new Primary and Community Care Buildings
- Lead on Estates and Property Management issues
- Ensure we have accommodation that is fit for purpose and meets regulatory requirements

Information management and technology

- Manage the development and delivery of an IM&T vision and strategy
- Develop technological strategies including communications to support the organisation
- Identify areas of risk for the PCT in relation to IT

Counter fraud and post payment verification

- Prevent, deter and detect fraud within the organisation
- Investigate and apply appropriately sanction
- Hold awareness sessions to promote an anti fraud culture
- Identify any areas of risk for the PCT in relation to fraud



Local security management

- Create a culture of security conscious staff
- Ensure appropriate action is taken to protect staff and property
- To advise on local and national security policies
- Carry out a security assessment on all PCT premises
- Ensure all appropriate records are kept secure to prevent attempted and actual security breaches

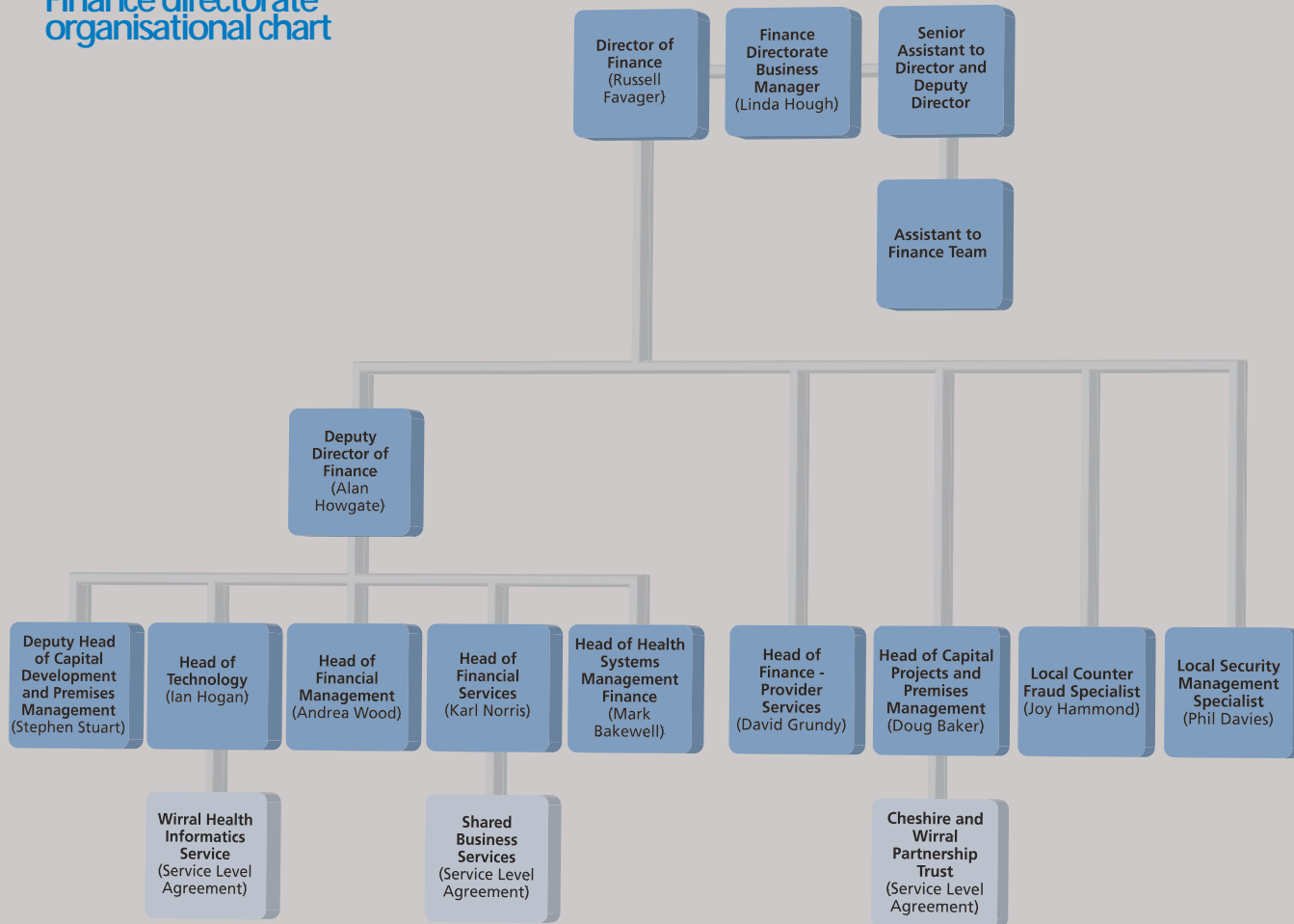
“ You will
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useful list of
acronyms
from page
77
”

Business support

The Directorate is supported by a team of two staff who offer corporate support and executive assistance in order that the directorate achieves its corporate and strategic objectives.

	Linda Hough Business Manager T: 1448 (651 0011)		Jacqueline Smith Senior Assistant T: 3960 (651 3174)
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Finance directorate organisational chart



The finance directorate



Overview of finance

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Where does our money come from?

Nationally the government receives various receipts (taxes) throughout the year and this money is divided into areas of expenditure across all public sectors which include health.

The Department of Health then allocates revenue funding to primary care trusts (PCTs) on the basis of the relative needs of their populations and in line with pace of change policy.

A weighted capitation formula determines each PCT's target share of available resources, to enable them to commission similar levels of health services for populations in similar need, and to reduce avoidable health inequalities.

Since the formation of PCTs, the Wirral budget has increased from £299 million in 2002 to the current budget for 2009/10 of £594 million. To manage this allocation NHS Wirral must adhere to the following:

- Achieve operating financial balance
- Recover all costs on services provided
- Remain within authorised cash and resource limits for both revenue and capital allocations

The following charts show in more detail where the money originates from at a national level and more specifically how this is divided between public services. The third chart shows how much money NHS Wirral had to spend and where we spent it during 2008/09.

Total receipts: £575 billion

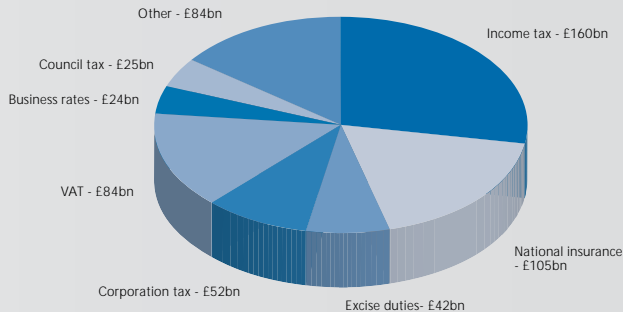


Diagram 1.

Summary of national finance :

How is the money raised?

The total receipt allocations (money) the government receives and from the different sources.

Source: HM Treasury, 2008-09 projections. Other receipts include capital taxes, stamp duties and some other tax and non-tax receipts - for example, interest and dividends. Figures may not sum to total due to rounding.

Total managed expenditure: £618 billion

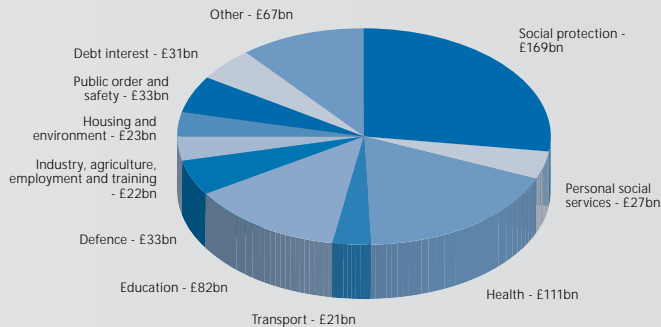


Diagram 2.

How is the money spent?

The different areas that government spends the allocations and how the money is split into the various areas.

Source: HM Treasury, 2008-09 near-cash projections. Spending re-classified to functions compared to previous presentations and is now using methods specified in international standards. Other expenditure includes spending on general public services: recreation, culture, media and sport; international cooperation and development; public service pensions; plus spending yet to be allocated and some accounting adjustments. Social protection includes tax credit payments in excess of an individual's tax liability, which are now counted on AME, in line with OECD guidelines. Figures may not sum to total due to rounding.

Summary of expenditure plans

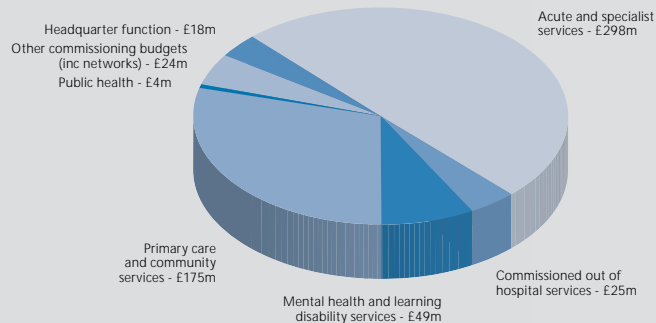


Diagram 3.

NHS Wirral local spend

Each year NHS Wirral is allocated a specific amount of money in which to invest in services, how this is divided is shown in **diagram 3** (left) and **diagram 4** (below).

NHS and non NHS service level agreements

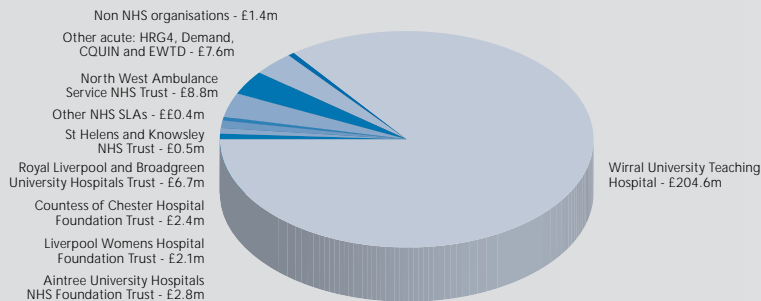


Diagram 4.

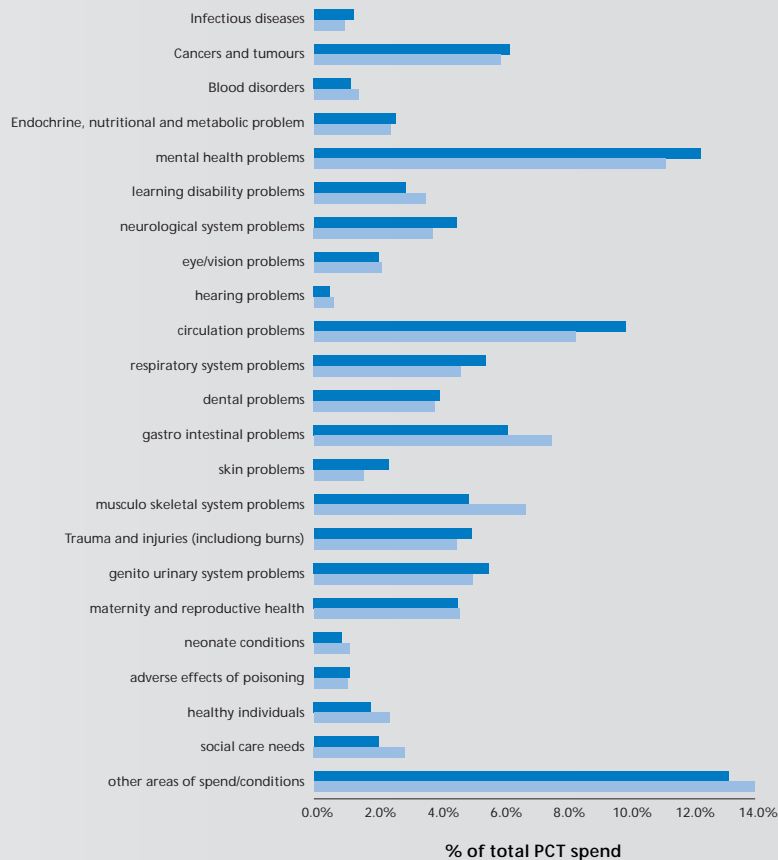


Diagram 5.

Programme budgeting

The PCT's expenditure is also analysed each year retrospectively into 23 programme categories.

Diagram 5 shows the percentage of total PCT spend in each category for 2007-8 compared with the average expenditure for other similar organisation's (also known as Clusters) in 2006-07.

■ Cluster average 2006/07
 ■ NHS Wirral 2007/08

Accountability for public spending

“We need
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that money
is spent
appropriately
and
effectively”

As the PCT is spending public money, we need to ensure that it is spent appropriately and effectively, and that all financial transactions are recorded correctly.

Financial Governance systems are designed to ensure appropriate expenditure is included, and Audit Review provides assurance that those systems work and that the accounts represent a true and fair view of the transactions of the PCT.

In addition, Value for Money (VFM) systems aim to ensure that the most effective use of money is obtained. Combined they give assurance to the PCT Board, Department of Health and the public that public spending is incurred and accounted for correctly.

Quality standards

What are quality standards?

We adopt quality standards to ensure we achieve the full effectiveness of all our skills and knowledge and to ensure the Finance Team provides an efficient and effective service to all our customers.

Specifically we commit to:

- Process financial documents in accordance to the rules stipulated by external and internal bodies
- Listen to our customer's feedback and strive to make improvements where appropriate
- Submit annual accounts and financial returns within specified Department of Health deadlines (DoH)
- Ensure internal audit risk ratings of systems and processes are rated low or medium
- Oversee invoice processing so that payments are made in compliance with the Better Payment Practice Code (BPPC)
- Processing of invoice requests within 24 hours of receipt
- Ensure that cash is drawn-down to meet the needs of the organisation and managed to a minimal cash balance at the end of each month
- To provide financial training, for example E-Procurement, to non-finance users
- Ensure that budget statements are available to budget managers by the eighth working day of the month following the month end to which the information relates
- Provide monthly Board reports within the agreed timescales
- Ensure that monitoring returns are submitted to the Strategic Health Authority (SHA) within the specified timescales
- Meet with all budget holders at least quarterly during the year
- Respond to communications within 5 working days of receipt (subject to the financial workload period) or if this is not possible to acknowledge the communication and an explanation given as to the cause of the delay
- Process completed HR forms within 24 hours
- Ensure the annual plan is signed off by the Board by 31 March
- To ensure that each budget manager has a budget book by 31 March in respect of the following year

Value for money

When buying goods and services it is important to remember that we are spending public money. It is therefore essential that we obtain the best value we can for the money we spend.

For this reason we have a procurement policy which exists to help us procure services in the best way. The procurement policy sets out the process and limits that should be followed.

The purchase of all goods and services are subject to European Regulations regarding public sector procurement regardless of whether they are capital or revenue funding, but the regulations differentiate between different types of services, classifying them as either Part A – which require a full EU competitive tender exercise or Part B – where only limited requirements apply.

The regulations also specify thresholds over which the full regime must be applied. The thresholds are:

- £90,319 for supplies and Part A services
- £139,893 for Part B services
- £3,497,313 for works / building projects

Nationally negotiated contracts and price agreements must be used to help in our procurement of goods and services; these will generally represent best value and be the easiest way to secure goods and services.

When purchasing goods and services you should be aware of the limits that have to be followed to ensure that we get the best value for the price paid, these are as follows:

- For orders where the expected costs is between £10,000 and £90,319 three written quotes should be obtained, and the lowest one accepted, unless there are documented specific reasons why the lowest quote isn't being accepted
- For the majority of orders over £90,319 a formal tender process should be undertaken for the purchase of the goods and services in accordance with the PCT Standing Orders and the European Union Directive.

The PCT has a service level agreement with the Supplies department at Wirral University Teaching Hospital NHS Foundation Trust to provide advice and

support to the PCT. Contact details for the Supplies Team and procurement procedures can be found in the departments section of the Wirral University Teaching Hospital Foundation Trust website: www.whnt.nhs.uk

Advice on any procurement issues including national contracts can be obtained from the supplies department at Clatterbridge hospital, telephone: 0151 334 5044/0181.

Additionally NHS Wirral now uses Electronic Procurement (E-Proc) to raise its purchase requisitions/order, where possible the ordering of all goods and services should be via e-proc, you can gain access to e-proc via your logon to the SBS/Oracle system via the following web link - www.wyss.nhs.uk/oraapps.html.

If you don't have a username or password for the SBS/Oracle systems then please contact Craig Shelley, Systems Accountant (ext 6509 or craig.shelley@wirral.nhs.uk).

“ It is important to remember that we are spending public money. Therefore it's essential that we obtain the best value we can ”

Financial governance

What is financial governance?

The PCT has to have in place documents that cover the Governance of the Organisation; this is known as the Corporate Governance Manual.

Governance is the system by which an organisation is directed and controlled, at its most senior levels, in order to achieve its objectives and meet the necessary standards of accountability and probity.

Within the Corporate Governance Manual there are subsections that govern how our organisation is managed to ensure that the correct decisions are taken by the correct individuals, with the appropriate authority.

These subsections are known as the Standing Financial Instructions (SFIs), Standing Orders (SOs), Scheme of Reservation and Delegations and Authorisations Limits.

These are the rules by which the PCT can run its business and each Director and Budget Manager will have copies of the Corporate Governance Manual,

additionally copies can be viewed on the intranet at: www.wirralpct.nhs.uk/document_uploads/Governance/CGManuel.pdf

The Standing Orders (SOs) cover the Corporate Governance of the PCT and includes items such as:

- Role, function and membership of the Board and Committees
- Arrangements for the meeting of the Board
- Declaration of interests
- Standards of business conduct
- The custody of the official seal and the sealing of documents

The Standing Financial Instructions concentrate more on the financial arrangements of the PCT and cover items such as:

- Audit arrangements
- Process for producing and approving the annual accounts and annual report
- Banking and cash arrangements
- Collection of income, setting of fees, and the security of cash and cheques

- Tendering and contracting arrangements, including the procurement of non pay expenditure
- Disposal of fixed assets and the recording of losses and special payments
- Capital investment and the security of assets including stock
- Acceptance of gifts and hospitality

The Schemes of Reservation and delegation defines who has the relevant authority to approve certain actions within the PCT, within defined limits, and will cover the process to:

- Approve expenditure from charitable funds
- Accept gifts and hospitality

- Settle litigation (legal) cases
- Approve losses and special payments
- The requisitioning of goods and services, subject to quotation and tendering rules
- Approve capital expenditure
- Approve removal expenses
- Virement (movement) of budgets

The authorised limits define the approved authorisation limit that each employee has to incur expenditure/income within their approved area of work. For example if an individual has an authorisation limit of £5,000, they are only permitted to commit the PCT to expenditure of up to £5,000 and approve the payment of invoices up to the level of £5,000.

Finance team objectives



The Deputy Director of Finance, Alan Howgate, has the role of deputising for the Director of Finance, and to oversee the day to day operational management of the Finance and IT functions. This includes:

- Strategic financial planning
- Corporate financial reporting
- Preparation of statutory accounts
- Financial governance
- Value for money monitoring

The Finance Directorate has set itself some ambitious targets above and beyond national and local targets and has recently developed a detailed Business Plan to support the Directorate and individual objectives for the coming two years.

The Business Plan is available on the NHS Wirral intranet at www.wirral.nhs.uk along with the full version of this guide which will be updated as and when necessary.

The team's top objectives that form the Business Plan are:

- Fully embed the new financial ledger and ensure all staff are properly trained and system used to full potential
- Continuously review the processes, systems and procedures of all key tasks and document best practices
- Provide financial expertise and information to support the delivery of the PCT's strategic and

operational objectives

- Provide continuous staff development opportunities to include induction, training and mentoring
- Achieve a fully staffed, effective, well-connected team across the department
- Implement, roll out and continuously evaluate our two year Business Plan for the Department
- Agree and review three individual business improvement objectives that support the business plan with every staff member

“ The directorate has set itself some ambitious targets and developed a business plan to support objectives ”

We know that you always like to put faces to names, so each member of the finance directorate has a photograph in this user guide.

Finance



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Financial management

The finance team provides a range of financial management advice and support to budget holders and is structured to reflect the PCT's directorate structure.

Financial management

The team is made up of six individual teams: Primary Care, Strategic Partnerships, Public Health, Networks and Corporate Departments, Financial Planning, Provider Services, and Health Systems Management. The first four teams are led by Andrea Wood, Provider Services by David Grundy and the Health Systems Management Finance Team by Mark Bakewell.

The financial planning team takes the lead in coordinating and consolidating the annual financial plan, the five year financial plans, the submission of all external returns to both the Strategic Health Authority and Department of Health including the costing returns. The only exception to this is the PCT's reference cost return which is prepared by the Provider Team.

The main duties and responsibilities carried out by all of the teams are as follows:

Financial Strategy

- Lead the development of strategic financial and business plans that both reflect and support

achievement of the wider service aims

- Work closely with managers to ensure all business plans are incorporated into the strategic financial plan
- Develop reporting and monitoring mechanisms to enable each Directorate to assess the extent to which it is meeting its strategic objectives and financial plans

Financial Management and Control

- Ensuring that the Directorates receive first rate financial and management accounting support on a routine basis. In particular income and expenditure performance is monitored and reported on a monthly basis
- Ensuring robust business orientated financial systems and processes are developed and maintained
- Full engagement with all Directorates in all budget setting and control matters

Budget setting

Business support

- Provide business and financial evaluation support to service development activities
- Ensure Service Level Agreements are in accordance with agreed financial frameworks and demonstrate value for money
- Support the organisation in developing cash releasing savings programmes as appropriate

In addition to the support provided to budget holders the financial management team also produce the following:

- Monthly monitoring of the PCT's investment programme
- Production of monthly, quarterly and annual returns for the SHA
- Statutory costing returns, for example, programme budgeting
- Development and maintenance of the coding structure
- Delivery of training to budget managers

The financial management team is responsible for producing an annual income and expenditure plan and the plan is submitted to the Strategic Health Authority and approved by the PCT's Board before the start of the new financial year. The budget setting process is the process in which the plan is costed at a detailed level with individual budget managers. This process is usually carried out between the months of November and February; this allows budgets to be agreed in time for Board approval by 1 April of the new financial year. Budget setting should also link in with the business planning process.

Why do we have budgets?

- To ensure at the start of the year that the planned expenditure is affordable within the resources available
- To ensure budget managers have a plan against which to monitor their agreed expenditure during the year
- Allows action to be taken if there are variances to the plan

What are the steps to the budget-setting process?

- Issue details of paid staff to managers for validation
- Establish the baseline budget to be carried forward
- Prepare draft pay and non pay budgets within the agreed baseline on the Budget Estimation and Management System (BEAMS)
- Meet with budget managers
- Issue a first draft budget to managers for discussion
- Identify changes to the baseline, for example, savings, cost pressures, service development proposals
- In conjunction with budget managers prepare a final proposed budget
- All budgets are then reviewed and agreed within the PCT's overall control total
- Once approved by the Board the base budget book can be issued to managers for the start of the new financial year

What approach do we adopt?

For pay budgets, budget holders are required to prepare a proposed budget based on the staff based in post initially and identify any further establishment needs to deliver services (a form of zero based budgeting). The non pay budgets are based on the previous year's baseline plus inflation if proven to be required (incremental budgeting). The strength of this approach is that:

- It provides a realistic, achievable budget
- It allows cost pressures and savings to be clearly identified from the previous year's budget
- It should provide a clear and transparent process for budget holders to understand their proposed budget and the final agreed budget

There are two documents "Budget setting principles" and "Budget virement policy" which summarise the principles both in determining the budgets and also how budgets can be transferred. These are included in the base budget books issued at the start of the year to all budget holders and can also be obtained from your link accountant.

Budgetary control

How can additional funding be approved during the year?

It is expected that all funding required in year will have been covered through the budget-setting process. If a budget holder needs to put forward a business proposal during the year then this should be discussed with their link accountant and there is a process for seeking approval for additional resources which is detailed in the document 'Resource Approval Routes' which can be found in the Finance section on the intranet.

The budgetary control process is the monthly reporting process in which the teams produce a set of financial statements by budget holder.

The overall position is consolidated, reviewed and reported to the board on a monthly basis. The statements are released on working day eight of each month to budget holders for information and review.

Who can hold a budget?

- As the accountable officer the Chief Executive is ultimately responsible for managing the PCT's financial position however the Chief Executive may delegate (and does) responsibility to individual officers
- A budget manager is accountable for the expenditure within their designated cost centre(s) and they are able to authorise expenditure within their delegated limits

How do I receive my budget report?

- Budget reports are available on line on the eighth working day of each month
- An email confirming that the reports are available is sent to each budget holder
- The report can be accessed via portal on the oracle ledger system and budget holders are issued with a password to access their cost centre(s) (<http://nwww.wyss.nhs.uk/oraapps.html> - select Portal Reports)
- The on line report availability means that budget holders can 'drill down' to transaction level and can view, for example, individual payroll entries or invoices charged to their budget.

How do I read my budget report?

Budget reports follow a standard format and have several headings for ease of use. An example report can be seen on page 31. On the left hand side of your budget report it will show your Funded whole time equivalent (WTE), the Contracted (WTE), the Paid (WTE) and the Worked (WTE) for the staff employed within the department. A whole time

equivalent (WTE) is the numerical term which is used to describe the number of hours a person works per week. Full time hours, which for most groups of staff are now 37.5 hours per week, would be described as 1.00 W.T.E.

If someone is working less than full time hours, then this is shown as a proportion of the full time hours in numerical terms e.g. 30 hours per week would be 0.80 WTE (30 out of 37.5). The next section of the report shows Pay, Non-pay and Income subjectives listed against headings which best describe the income or expenditure incurred to date.

The columns of figures which follow show The Annual Budget, Next Years budget, the in month "Budget" "Actual" and "Variance" followed by the Cumulative year to date "Budget" "Actual" and "Variance". Towards the end of this section there is an example of a budget report.

What is a financial code? How is it made up?

A financial code is used to identify precisely where an item of income or expenditure should be allocated.

A hierarchy of financial codes exists within the PCT which reflect the structure of the organisation to support the financial reporting process. This allows for reports to be produced at a summary strategic level as well as being able to report at a detailed operational departmental level i.e. cost centre basis.

An example of a “financial code” which may also be referred to as an “account code combination” is as follows. There are six parts to the code:

5NKN	E66001	5637	E7154	00RBL	000000
1	2	3	4	5	6

1. This is known as the “Entity” part of the code and reflects a reference code that distinguishes the PCT apart from any other PCT, the unique Organisation code - which for NHS Wirral is 5NKN followed by N.
2. The cost centre is the next part of the code which needs to be a six character alpha numeric combination. This part of the code describes the actual department within the directorate e.g. E66001 is Finance

3. The subjective field follows the cost centre which is always a four character numeric field e.g. 5637 is Band 7. The PCT uses the national chart of accounts which has standard descriptions for items of expenditure or income described by the subjectives.
4. The fourth set of numbers is commonly known as “Analysis 1” codes and is used locally to add a further description to the item of income or expenditure. This is a five character alpha numeric field e.g. E7154 is Staff on secondment from another organisation.
5. The fifth set of numbers is commonly known as “Analysis 2” codes and is used by the PCT to identify when an item of income or expense relates to another organisation or a capital scheme. This is a five character alpha numeric code e.g. 00RBL is Wirral University Hospital Foundation Trust. This is an important part of the code as it is used to run off reports by organisation codes.
6. The final field in the financial code is a six character numerical field and is for finance use only.

It is important that budget holders both use and understand the coding structure as this makes the budget statements more meaningful for budget holders when reviewing them.

What income and expenditure is included in my report?

- All items of income and expenditure that relate to your relative area of responsibility

What are budget manager's key responsibilities and duties?

In many of the sections in this user guide the different roles of the finance teams is described, however the role of the budget manager is also key to the effective and efficient use of the PCT's resources. The responsibilities of the budget manager are:

- To ensure that their expenditure does not exceed the agreed budget
- To ensure that they and their staff operate within

the terms of the Standing Financial Instructions

- To review budget statements on a monthly basis and to investigate any variances (with support from the appropriate Financial Management team)
- To provide information and intelligence to Finance to inform the forecast expenditure for the year end
- To review and agree the year end forecast position
- To ensure that any service development proposals, business cases or redesign proposals are properly costed and that their key contact within finance is involved at an early stage in the process
- To ensure that the resources for which they are responsible provide value for money

Portal budget holder statement

PORTAL BUDGET HOLDER STATEMENT

Budget Report for Month Ending January 2009 - Period 10

WIRRAL PCT 5NKN

E65XXX - Name of Cost Centre

Fund WTE	Cont WTE	Paid WTE	Work WTE		Annual Budget £	Next Year Budget £	Budget £	In Month Actual £	Variance -fav/ adv £	Budget £	Year To Date Actual £	Variance -fav/ adv £
PAY EXPENDITURE												
1.00	1.00	1.00	1.00	5636 Admin & Clerical band 8	55,230	55,230	4,602	4,299	-303	46,020	35,546	-10,474
1.00	1.00	1.00	1.00	5637 Admin & Clerical band 7	43,046	43,046	3,587	3,619	32	35,870	35,587	-283
2.00	2.00	2.00	2.00		98,276	98,276	8,189	7,918	-271	81,890	71,133	-10,757
NON PAY EXPENDITURE												
				7221 Stationery							11	11
				7243 Mobile Phones							28	28
				7270 Travel & Subsistence	1,611	1,611	134	0	-134	1,340	1,205	-135
				7271 Excess Mileage				40	40		433	433
				7275 Hospitality							1,200	1,200
				7302 Conferences and Seminars							874	874
				7307 Course Fees	300	300	25	2,250	2,225	250	4,396	4,146
				7310 Legal / Prof fees	57,316	57,414	4,784	9,147	4,363	47,742	74,281	26,539
				7319 Meeting Expense/ Room Hire				-870	-870		654	654
				7354 Computer Hardware Purch							19	19
				7487 Miscellaneous Expenditure	1,500	1,500	125	146	21	1,250	1,483	233
0.00	0.00	0.00	0.00	Total:	60,727	60,825	5,068	10,713	5,645	50,582	84,584	34,002
GROSS INCOME												
				4741 Oth Operating Inc Non NHS				-124	-124		-1177	-1177
0.00	0.00	0.00	0.00	Total:	0	0	0	-124	-124		-1,177	-1,177
2.00	2.00	2.00	2.00	Grand Total:	159,003	159,101	13,257	18,507	5,250	132,472	154,540	22,068

Costing exercises

The PCT is required to undertake a number of costing exercises each year. These are:

- Programme Budgeting
- Mapping exercises

Programme budgeting

The Department of Health requires all PCTs to submit an annual return which analyses their previous year's expenditure across 23 programme categories. The results for 2007/08 are detailed in diagram 5 in the NHS Wirral Local spend section of this guide.

Most of the 23 programmes of care, are defined by the International Classification of Diseases Version 10 codes (ICD 10) for example, cancer, coronary heart disease etc. However the medical categories are not always appropriate in the areas

of community services and social care therefore two specific groups have been created for Healthy Individuals and Social Care Needs.

There is a final category called 'Other' and General Medical Services (GMS) and Personal Medical Services (PMS) expenditure is allocated to 'Other'. It would be expected that the remaining spend recorded under 'Other' would be minimised.

The aim of the return is to develop a primary source of information which can be used by all bodies to provide a greater understanding of 'where the money is going' and 'what we are getting for the money we invest in the NHS'.

It also enables Commissioners to benchmark their use of resources across providers and with other Commissioners. The PCT use this information to aid investment decisions in tackling disease.

Mapping exercises

The PCT undertakes various mapping exercises throughout the year which seek to map PCT expenditure in a specific area against defined criteria categories. Examples of such returns would be a Mental Health mapping exercise and Child Health/ Maternity mapping exercise.

Participation of the PCT in these mapping exercises allows the PCT access to the results which identifies how the PCT's costs compare on a regional and national basis.

The PCT can then benchmark its expenditure to determine the effectiveness of current and future investments in these areas.

“Every year the PCT submits a return to the Department of Health about its expenditure. You can see it for 2007/08 on page 13”

Financial management



Andrea Wood
Head of Financial
Management

T: 3951 (651 0011)

Primary care



Karon Coppel
Senior Accountant,
Primary Care

T: 3951 (651 0011)



Adrian Bryan
Finance Manager
Primary Care GMS/
PMS

T: 6503 (651 0011)



Sarah Russell
Assistant
Management
Accountant,
Primary Care GMS/
PMS

T: 6502 (651 0011)



Janet Moran
Finance Manager,
Primary Care -
Dental

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Lynda Dagnall
Senior Assistant.
Management
Accountant,
Primary Care -
Dental

T: 6504 (651 0011)

Strategic partnerships



Rebecca Tunstall
Senior Accountant,
Strategic
Partnerships

T: 1513 (651 3958)



Annabel Salter
Management
Accountant,
Strategic
Partnerships

T: 1427 (651 3959)



Victoria Sutton
Senior Finance
Assistant,
Strategic
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T: 1417 (651 0011)

Public health, networks & corporate



Chandra Dodgson
Senior Accountant,
Public Health,
Corporate
Departments and
Networks
T: 3950 (651 0011)



Barry Graham
Management
Accountant,
Public Health and
Networks
T: 3976 (651 0011)



Heather Hastewell
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T: 3788 (651 0011)



Helen Dearman
Asst. Management
Accountant,
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Networks
T: 3972 (651 3933)



Julie Jones
Senior Finance
Assistant,
Corporate
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T: 3974 (651 0011)

Financial planning & reporting



Louise Sephton
Senior Accountant,
Financial Planning
and Reporting
T: 1457 (651 3170)

Health systems management finance team

“ The team supports contracting areas across primary, secondary and tertiary care through Payment by Results ”

Led by Mark Bakewell, the Health Systems Management Finance Team supports the various contracting areas across Primary, Secondary and Tertiary Care via national and local tariff payment mechanisms. (The National Tariff System is often referred to as Payment by Results).

The team also supports other commissioning agendas such as Practice Based Commissioning and areas of specialist commissioning.

What is payment by results and what is its purpose?

The purpose of Payment by Results (PbR) is to provide a transparent, rules-based system for mainly paying NHS Hospitals and other organisations. It will reward efficiency, support patient choice and diversity and encourage activity for sustainable waiting time reductions. Payments are linked to activity and adjusted dependant on the case mix. Importantly, the system ensures a fair and consistent basis for hospital funding rather than being reliant principally on historic budgets and the negotiating skills of individual managers.

What activity is excluded from PbR?

The national tariff is mandatory for activity within the scope of PbR and covers the majority of hospital spend. Some services and procedures remain outside the scope of PbR and the price of these remains subject to local negotiation. Services not covered by PbR in 2009-10 include primary care services, community services, mental health services and ambulance services. Acute Services outside of PbR are generally referred to as Non-PbR

Practice-based commissioning

Practice-based commissioning (PBC) continues to play a vital role in health reform. It puts clinicians at the heart of PCT commissioning and allows groups of family doctors and community clinicians to develop better services for their local communities.

Primary care trusts (PCTs) are the budget holders and have overall accountability for healthcare commissioning, however practice-based commissioning is crucial at all stages of the commissioning process.

What is PBC?

PBC is about engaging practices and other primary care professionals in the commissioning of services. Through PBC, front line clinicians are being provided with the resources and support to become more involved in commissioning decisions.

Under PBC, practices receive information on how their patients use health services. This information can be used for the redesign of services by front line clinicians for the benefit of patients.

What are the benefits of PBC?

PBC allows for better clinical engagement and gives practices and primary care professionals the freedom to develop innovative, high-quality services for their patients.

Using information on current health service usage, primary care professionals can understand how resources are used, and identify areas that will benefit from redesign.

Health systems management finance team



Mark Bakewell
Head of Health
Systems
Management
Finance

T: 1426 (651 3936)



Neil Starkey
Finance Manager,
Payment by Results

T: 1466 (651 3862)



Jane Nash
Assistant Finance
Manager, Payment
by Results

T: 1503 (651 0011)



Lucy Henshaw
Assistant Finance
Manager, Payment
by Results

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Scott Maull
Finance Manager,
Commissioning

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David Miles
Finance Manager,
Practice Based
Commissioning

T: 1578 (651 3853)



Angela Skillforth
Finance Assistant

T: 1501 (651 0011)



Kathy Parry
Assistant
Management
Accountant

T: 1465 (651 3875)



Suzanne Cross
Senior Finance
Assistant

T: 1500 (651 3846)



Kat Jones
Finance Assistant

T: 1562 (651 0011)

“ The Provider
Services Finance Team
actively supports the
Transforming
Community Services
(TCS) programme ”

Provider services finance team

The Provider Services Directorate has a core role supplying a wide range of community and nursing based services across the Wirral.

The Provider Services Finance Team consists of eight members led by David Grundy and is tasked with supporting the Directorate in all financial matters. The team maintain key points of contact across the whole of the Directorate, from the senior management team through to individual cost centre managers. In addition to the main duties and responsibilities performed by the wider Finance Team:

- Financial strategy
- Financial management and control
- Business support
- Budget setting
- Budgetary control
- Costing exercises

the team has a specific responsibility to produce Reference Costs:

- Reference costs are collected each year from across the NHS and provide a basis for comparison between organisations
- They represent the average cost to the NHS of providing a defined service in a given financial year and can be used to:
 - Performance manage and benchmark services
 - Measure the cost of providing treatment across a range of services
 - Determine the relative efficiency of a provider using a Reference Cost Index
 - Use as a basis for the Payment by Result (PbR) tariffs.
 - Support investment/disinvestment decisions

Transforming community services








The “Next Stage Review Primary and Community Care Strategy” set out a vision for transformational change within community services to create a modern and responsive service of consistently high standard, whilst offering value for money for taxpayers. For the above to happen, appropriate measures and incentives need to be in place.

The Finance Team actively supports the Transforming Community Services (TCS) programme and provides financial input into the new community contract, working closely with Health Systems Management Directorate (contract signed April 2009).

By October 2009, PCT commissioners will have developed a plan for transforming community services to drive up service quality and value for money leading to the development of new currency and pricing options for a range of services delivered. A well structured pricing system will:

- Help commissioners choose high quality providers
- Facilitate benchmarking and value for money comparison of our services against other service providers
- Reduce variation in quality and outcomes by providing greater clarity about what services are delivered for patients at what cost
- Reward innovation and best practice

Provider services finance team

	<p>Dave Grundy Head of Provider Services Finance</p> <p>T: 3959 (651 0011)</p>		<p>Emma Shanks Finance Manager</p> <p>T: 3488 (651 0011)</p>		<p>Claire Birt Senior Assistant Management Accountant</p> <p>T: 3946 (651 0011)</p>
	<p>Peter Keyes Assistant Management Accountant</p> <p>T: 3948 (651 0011)</p>		<p>Justine Greig/ Debbie Kemp Assistant Management Accountant</p> <p>T: 3949 (651 0011)</p>		<p>Natalie Davenport Assistant Management Accountant</p> <p>T: 3957 (651 0011)</p>
	<p>Katie Duckworth Finance Assistant</p> <p>T: 3802 (651 0011)</p>		<p>Claire Jones Finance Assistant</p> <p>T: 3955 (651 0011)</p>		

Financial services

Responsibilities include accounts payable and receivable, cash management and SBS financial system.

Financial services team

The Financial Services team, headed by Karl Norris, has eight team members and responsibilities include accounts payable and receivable, cash management and SBS financial system.

The main duties and responsibilities of the team are:

- Statutory annual accounts and financial reporting
- Treasury and cash management
- Financial systems management
- Invoice query management
- Manage the service level agreement with Shared Business Services (SBS)
- Balance sheet integrity
- Manage the service level agreement with NHS Wirral lease car administrators (Derwents)
- Invoice requests (Sales invoices)
- Clinical negligence and employer liability insurance
- Capital asset register maintenance
- Maintain authorised signatory list and set up new users
- In house training on SBS and E-Procurement

Shared business service oracle system

Craig Shelley, Systems Accountant, is responsible for maintaining the integrity of the SBS Oracle System. If you have any queries, contact Craig for assistance. For all general IT and network queries, please contact the WHIS helpdesk. SBS Helpdesks can be contacted directly for queries regarding:

- Invoice payable queries – clients@sbs.nhs.uk
- SBS administrative queries e.g. passwords – it.servicedesk@sbs.nhs.uk

The following remain the responsibility of the Financial Services department however the work is undertaken by Shared Business Services who are based in Wakefield:

- Processing of supplier invoices
- Liaising with suppliers including dealing with payment queries
- Bank liaison and transactions
- Credit control
- VAT
- Control accounts

Income and debts

The Financial Services Department is responsible for processing all invoice requests (Sales invoices).

When should an invoice request be raised?

Invoices can be raised for a variety of reasons a sample of which is listed.

- For recharges or services provided to another organisation that we would normally expect payment for
- Training courses or lectures given
- Reports written or case notes provided to solicitors
- Recharges to staff for their contribution toward training/development fees

How is an invoice request raised?

To raise an invoice request, complete an 'invoice request form'. These forms are pre-printed, self carbonating pads and each department should have a stock of these pads.

Forward the completed form to a Payments and Treasury Officer in the Financial Services team. To ensure there is a full audit trail and to assist in the collection of debt, please ensure that the form contains full customer details including contact name and telephone number. The form should also detail for which period the invoice request relates to.

All invoice requests are processed by a Payments and Treasury Officer and this will generate a sales order. The Sales Order is processed by SBS, then a sales invoice is raised which is sent to the customer. Invoices are due to be paid within 14 days and if the amount owed is not settled by the due date, it will be followed up by the SBS Credit Control team.

Collection of income/debts

Collection of Income/Debts is the responsibility of the Financial Services department but the work is undertaken by the SBS Credit Control team in accordance with the SBS Debt Management Policy. A third party collection agency will only be instructed where the credit control department at SBS has been unable to recover the monies owed.

Invoice processing and payment

Whilst this section focuses on the payment of invoices (procurement of goods and services is covered in the procurement section); it is worthwhile highlighting the importance of E-Procurement and the Purchase Order system. The Purchase Order system should be used as a matter of course as it is best practice, provides a full audit trail and improves the approval/payment process.

Invoices received without a purchase order number may be returned to the supplier. For invoices without a purchase order, once processed, a notification will be e-mailed to the approver for action.

In order to meet the Better Payment Practice Code and to enable NHS Wirral to manage its cash, it is important that invoices are approved in the system as soon as the notification is received. If an invoice remains unapproved in your workflow for a period of seven days, it will automatically escalate to your manager.

The Financial Services Department is responsible for the payment of invoices but the day to day work of processing payments, invoices and dealing with invoice queries is undertaken by SBS. The relationship is managed through a Service Level Agreement.

For processing and payment, all invoices should be sent to SBS at the following address:

NHS Wirral
5NK Payables 6695
Phoenix House
Topcliffe Lane
Wakefield
WF3 1WE

Payment requests for reimbursements

The Payment and Treasury Team in Financial Services process payment requests for payments where there is no invoice. This includes:

- Reimbursements for locum cover
- Reimbursement of GP Practice expenses e.g. for training and travel
- Reimbursement of Continuing Healthcare Costs
- Reimbursement of Petty Cash floats
- Retirement hospitality funding

The invoice request form must contain details of the payment, the period or dates to which it relates and have attached documentation to support the payment.

The form must be signed by an authorised signatory. Each authorised signatory has a designated limit up to which they can authorise a payment.

The form should then be forwarded to the Payment and Treasury Team for processing.

Better Payment Practice Code

When paying invoices all Trusts must comply with the Better Payment Practice Code (BPPC). In order to achieve BPPC the Trust must pay over 95% of invoices within 30 day terms.

This target relates to both the number of invoices and the value of invoices. The Trust is required to publish its performance against this target in the Annual Report and Accounts.

Cashier services

The Financial Services Team is responsible for reviewing and updating the petty cash procedures and policy together with managing the petty cash floats. This includes undertaking periodic site visits to audit petty cash and to reconcile the petty cash floats.

Petty cash

If you are establishing a new service, or are an existing service that requires a new petty cash float

then please contact Caroline Searle (Payments, Treasury and Controls Manager) for details, telephone 0151 651 0011 extension 6508.

Requests for petty cash reimbursements should be made to one of our Payment and Treasury Team managed by Caroline Searle. Petty cash disbursements up to £50 are available from the reception/general office at the following three locations:

- St Catherine's, Admin Block
- Victoria Central
- 3 Port Causeway

What should I do if I'm given cash or cheques for the PCT?

The person handing over the cash or cheque should be directed to the general offices at St Catherine's or Victoria Central. If the person is unable to do this, the cash or cheque should be taken by the member of staff to the St Catherine's or Victoria Central Hospital general offices where it will be receipted and banked.

Who should a cheque be made payable to?

Cheques should be made payable to Wirral PCT or Wirral Primary Care Trust. However cheques made payable to NHS Wirral will also be accepted by the Bank.

Controlled stationery

Financial Services issue controlled financial stationery (pre-printed and sequentially numbered). Examples are:

- Cash collection sheets
- Petty cash vouchers
- Petty cash disbursement books
- Invoice Request Forms
- Application for grant from charitable funds

These forms should be ordered using the 'Controlled Financial Stationery Request Form' which is available from Simone Williams. The stationery must be signed for by a member of staff in the department where it is to be used.

Charitable funds and donations

Charitable Funds are those funds held on trust solely for charitable purposes. Whilst the funds are held by Cheshire and Wirral Partnership NHS Foundation Trust (CWP), those funds are segregated and can be clearly identified. These are to be used for the benefit of patients and staff of NHS Wirral.

If an individual wishes to make a donation the donor should be directed to the general offices at either St Catherine's or Victoria Central, where they can pay the donation in and be issued with a receipt.

The donor can specify a particular fund they wish the monies to be used for, which will be noted by the general office. If no fund is specified, the money will be allocated to the General Fund and be used at the discretion of the Trustees for the benefit of NHS Wirral patients and staff.

Donations can also be posted to the Financial Services department at CWP. Donors should include a covering letter providing details of which fund monies should be allocated to, or details of a specific service they wish to support. Cheques should be made payable to 'Cheshire and Wirral Partnership NHS Foundation Trust Charitable Funds'.

Although the funds are held by CWP, the Trust has a right of access to the funds, under the umbrella registration that is in existence. Within this registration are certain funds that are specific to the Trust and also some "site" based funds that can be used for the benefit of both NHS Wirral and CWP.

The full address for CWP is:

Cheshire and Wirral Partnership NHS Foundation Trust
40 Mill Lane
Wallasey
CH44 5UF

Capital expenditure

As well as having budgets for revenue expenditure to cover the day to day cost of providing and commissioning services, the PCT also has monies budgeted for capital expenditure, this is known as the Capital Programme.

The Capital Programme is monitored separately from the approved revenue budgets, but operates much in the same way in that there is a limit to the amount of capital expenditure we can incur in any one financial year. Capital expenditure is for the one-off purchase of land, buildings, plant or equipment, which has a cost in excess of £5,000 and has a useful life in excess of one year.

Predominantly the Capital budget is reserved for the purchase of new IT/medical equipment and for the building of new premises or the enhancement to existing properties.

What are capital charges made up of?

Capital Charges are made up of two elements, these being:

- An annual depreciation charged, based on the assumed total life of the capital asset
- A rate of return, similar to an interest charge had we have taken out a loan to finance the purchase of the capital asset in the first place

Lease cars

We operate a lease scheme to enable employees who meet the agreed eligibility criteria to obtain a lease car to assist in the performance of their duties.

The provision of a lease car can be considered when the PCT requires an employee to carry out duties that require the individual to be mobile, thereby giving them "regular user" status.

Who is deemed as a regular user?

Someone who is a regular car user for work purposes in line with the lease car policy. Take a look at the Lease Car Scheme Policy, a copy can be found at:
www.derwentsharedservices.nhs.uk

Approval for a lease car is given by the Director of Finance (or nominated deputy) following a recommendation from a senior line manager for the relevant employee.

How do I obtain a lease car?

Establish with your line manager the likelihood of their approval for you to have a lease car. Following appropriate approval decide on which car you would like and ring Derwent's Shared Services to get a quote on costs, telephone 01332 622430

Complete an application form which is available via Derwent's website at:
www.derwentsharedservices.nhs.uk










What happens then?

Once you have completed your application form and it is been signed by your manager you must attach copies of the drivers license for each driver named on the application and forward it to the Director of Finance Office, NHS Wirral, N Block, St Catherine's, Church Road, Birkenhead CH42 0LQ for approval.

If your application is approved it will automatically be forwarded to Derwent Shared Services within seven days of receipt, who will then contact you directly.

If your application is not approved you will be notified within seven days of receipt.

Financial services team

	<p>Karl Norris Head of Financial Services</p> <p>T: 3951 (651 0011)</p>		<p>Vicky Beenham Treasury Accountant</p> <p>T: 6510 (651 0011)</p>		<p>Craig Shelley Systems Accountant</p> <p>T: 6509 (651 0011)</p>
	<p>Caroline Searle Payments and Treasury Manager</p> <p>T: 6508 (651 0011)</p>		<p>Simone Williams Payments and Treasury Officer</p> <p>T: 6505 (651 0011)</p>		<p>David Edwards Payments and Treasury Officer</p> <p>T: 6506 (651 0011)</p>
	<p>Caroline Corcoran Payments and Treasury Officer</p> <p>T: 6507 (651 0011)</p>		<p>Fiona Milne Financial Accountant</p> <p>T: 6512 (651 0011)</p>		<p>Stacey Langton Assistant Financial Accountant</p> <p>T: 6511 (651 0011)</p>

Capital projects & premises management



Includes:

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Capital projects & premises management

The capital projects & premises management department is responsible for providing project management support for building projects, premises developments and facilities management across NHS Wirral estate.

Having this dedicated team ensures the NHS Wirral estate is maintained to a high standard and that accommodation is fit for purpose.



Capital projects & premises management

The team is made up of nine team members led by Doug Baker who have responsibility for ensuring that properties within the remit of NHS Wirral meet current and future legislation such as health and safety, fire regulations, environmental regulations and the disability discrimination act.

The team are also responsible for managing the maintenance and upkeep of all NHS Wirral properties to ensure that buildings are maintained appropriately, whilst also demonstrating value for money and buildings are operated in a safe, effective and efficient manner.

Capital Projects and Premises Management have a Service Level Agreement with Cheshire and Wirral Partnership to provide estate and facilities management across a number of NHS Wirral sites that are covered by the Service Level Agreement.

Services include reactive and planned maintenance of buildings and plant, decoration, supply of utilities, staff and patient car parking, security, grounds and gardens maintenance, domestic services (cleaning, replenishment of products, waste disposal),

portering facilities, portable appliance testing (PAT) services, window cleaning and pest control.

What are capital projects?

A project is a one-off piece of work which has a finite start and finish date to deliver specific objectives. Capital Projects involve the investment of capital funds to help achieve these business benefits and can range from brand new construction projects to small office refurbishment or updates to old or out of date buildings.

Once a Capital Project is complete it becomes part of day-to-day premises management where ongoing revenue expenditure is managed. The main duties and responsibilities of the team are:

- To assist in the delivery of new Primary and Community Care building projects contained within the Estates Strategy, ensuring that NHS Wirral meets NHS targets
- Legal and financial negotiations of buildings and liaison with Planning Department, Highways and Building Control

- Producing building specifications for alterations to existing premises and managing the associated tender process for receiving quotations
- Involving staff and public in the development of new building proposals, including supporting public consultations
- To ensure legal compliance with all applicable environmental legislation and NHS guidance
- Development and maintenance of an environmental and energy management system, including an environmental and energy policy.
- Management of waste contracts and service level agreements in relation to waste, including the monitoring of service performance, collection rates and expenditure
- Maintain and audit duty of care documentation for all waste streams generated by NHS Wirral
- Review and update the NHS Wirral travel plan







Estates, facilities and security contacts For St. Catherine's, Victoria Central and Community Clinics and Health Centres:

- Building maintenance issues:
CWP Estates department Ext 3448
- Domestic cleaning and facilities issues:
CWP Facilities department Ext 3722

For Port Causeway/Riverside:

- Building maintenance, domestic cleaning and facilities issues
Alison Roberts Ext 1037

Capital projects & premises management

	<p>Doug Baker Head of Capital Projects and Premises Management</p> <p>T: 1499 (651 0011)</p>		<p>Stephen Stuart Deputy Head of Capital Development and Premises Management</p> <p>T: 1491 (651 3177)</p>		<p>John Croft-Smith Project manager</p> <p>T: 1460 (651 0011)</p>
	<p>Tasmin Harvey Project Manager With responsibility for waste and transport issues</p> <p>T: 1425 (651 0011)</p>		<p>Tom Kelly Project Manager with responsibility for energy and water issues</p> <p>T: 1490 (651 0011)</p>		<p>Dawn Williams Project Manager</p> <p>T: 1423 (651 0011)</p>
	<p>Mary O'Neill Display Screen Equipment Assessor</p> <p>T: 1037 (643 5300)</p>		<p>Alison Roberts Office Manager, Port Causeway/ Riverside</p> <p>T: 1037 (643 5300)</p>		<p>Rose O'Neill Business and Administration Co-ordinator</p> <p>T: 1488 (651 0011)</p>

We want to make it easy for you to find the information you're looking for in this User Guide, so each of the departments within the Finance Directorate has their own tab.

Information management & technology



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Information management & technology

Information management & technology (IM&T) has had a dedicated resource within the finance directorate since June 2008.

the head of technology is tasked with driving forward strategic IM&T requirements of the organisation and managing the IM&T services provided through our shared service provider, Wirral Health Informatics Service (WHIS).



Information management & technology

IM&T support is facilitated through the WHIS Service Desk on 0151 488 7736 / 7737 / 7743 / 7744, internally on 8899 or via whisservicedesk@nhs.net

What do we do?

The Information Management and Technology Department is defined by the following key roles:

- Manage the development and delivery of an IM&T vision and Strategy
- Work with managers and IM&T service providers to ensure that the expected benefits from IM&T investment are delivered. Integral to this is ensuring that an effective benefits realisation mechanism is in place
- Proactively pursue technological solutions to support the running of NHS Wirral
- Work with Wirral Health Informatics Service (WHIS), who are our strategic IM&T Shared Service Provider and other technology providers to ensure that NHS Wirral receives comprehensive and timely IT advice and support

How do we do IT?!

- Develop and deliver the IM&T strategy for NHS Wirral, ensuring that all national requirements and local strategic direction are integrated with our local partners, including primary care contractors and Trusts
- Ensure that benefits from the IM&T strategy are measurable and monitored
- Develop other technology strategies, including communications, to support the operation of NHS Wirral
- Identify areas of risk for the PCT in relation to IT systems, and develop risk mitigation plans
- Ensure that WHIS and other service providers understand the corporate objectives, modernisation agenda, and how IM&T needs to serve these.
- Co-ordinate IM&T priorities with service providers to ensure timely delivery of solutions, this includes development/evaluation of business cases, and identification of PCT lead officers for each project

IM&T service level agreement

Develop and monitor SLAs with WHIS and other technology support services and ensure staff within NHS Wirral understands the processes within the SLA, including requests for new projects or equipment, network access, and fault reporting.

IM&T infrastructure

Ensure that all staff have the appropriate IT equipment for their needs and that IT provision and system integrity, in terms of routine maintenance of PCs, software and disaster recovery are in place. IM&T are also responsible for proactively pursuing new technological developments and software which may enable the PCT to function more effectively.

Information governance

In addition IM&T lead on information governance issues for the PCT, liaising with other departments as

appropriate within the following areas:

- Ensure information governance is integral to the development of NHS Wirral systems, in particular relating to security, system integrity, and compliance with Information Governance standards
- Proactively work with service managers and other stakeholders to ensure that information governance processes meet the business requirements of the organisation
- Complete the annual Information Governance toolkit and monitor compliance with Information Governance standards and develop an annual action plan to improve areas of weakness in relation to;
 - Information governance management
 - Confidentiality and data protection assurance
 - Information security assurance
 - Clinical information assurance
 - Secondary uses assurance
 - Corporate information assurance

IM&T service delivery

WHIS are responsible, through the SLA for providing the following service management and delivery functions

- Service desk
- Desktop and infrastructure support (including GP practices)
- IT related procurement
- Web developments (intranet and internet)
- Application development and support
- Project management
- IT training
- Information security
- Information governance support

If you would like to book yourself on to any of the training offered by WHIS, please call WHIS directly on 0151 488 7736 / 7737 / 7743 / 7744 or internally on 8899.



“IM&T ensure that staff have the appropriate IT equipment for their needs”

Don't know your BEAMS
from your BPPC? Then our
handy Glossary on page 77
should help.

Counter fraud & post payment verification

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Counter fraud & post payment verification

The counter fraud and post payment verification team is a dedicated team employed to combat fraud against the NHS.

they are responsible for the prevention and investigation of fraudulent activities and a comprehensive programme of post payment verification.



Counter fraud & post payment verification team

Led by Joy Hammond, the Counter Fraud and Post Payment Verification Team work hard to create and maintain a real anti-fraud culture and to protect resources which should be used to deliver patient care.

Counter fraud

A key part of the role is deterring fraud from occurring in the first place. Unfortunately fraud in the NHS takes many forms; it can be of low value but high volume or, conversely, a high value one-off. It can either be: opportunistic or well planned and involve such things as payroll, expenses, procurement and pensions.

All fraud involving NHS funds diverts resources from its intended purpose: that of patient care. The NHS belongs to us all and it is everyone's responsibility to help protect it. Fraud investigations are largely intelligence led.

With everyone's help we can detect fraud in its infancy, undertake professional investigations and apply appropriate civil, disciplinary or criminal

sanctions. Fraud and corruption in the NHS are unacceptable.

We now have powers to implement penalty charges against patients who falsely claim to be exempt from paying NHS charges. Persistent offenders could find themselves in court.

Post payment verification

This involves visiting all Wirral Opticians on a rolling programme basis to check the services they have claimed for have been provided. The process includes issuing questionnaires to a sample of patients, reviewing and cross-checking records.

Patient checks help to ensure the items claimed for have been properly recorded and paid appropriately. This can sometimes result in additional payments being made to the optician as they occasionally under-claim for services they have provided as well as overpayments being uncovered.

At the end of the process a detailed report of our findings is sent to the optician.




Counter fraud & post payment verification team

The NHS is the largest organisation in Europe, with a budget in the region of £70 billion, so even a small percentage lost through fraud represents a substantial figure. We can all play a part in protecting precious resources.

Anyone who has suspicions that an offence is or has taken place can be assured that the team will take their concerns seriously, please use any of the contact numbers below to speak to a member of the team.

Alternatively you can phone the National Fraud Reporting Line on:
0800 028 40 60

The line is open from 8am to 6pm
Monday to Friday.

	Joy Hammond Counter Fraud and Post Payment Verification Manager T: 1600 (651 0011) M: 0788 7987005		Karen McArdle Deputy Counter Fraud Manager T: 1592 (651 0011)
	Carol Kelly Post Payment Verification Officer T: 1570 (651 0011)		Helen Dawson Patient Fraud Administrator T: 1478 (651 0011)

Local security management

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Local security management

Local security management aims to create a culture where staff are more security conscious.



Local security management

Latest figures show there were nearly 60,000 assaults against staff nationally in 2007/08 of which one was recorded at NHS Wirral. A national reporting system to record assaults on staff was introduced at the beginning of December 2003 to collect these statistics. It enables the NHS Security Management Services (NHS SMS) to track cases from report to conclusion, intervene where necessary and, most importantly, give feedback and support to the person assaulted.

The NHS Security Management Service also set up a Legal Protection Unit to give NHS trusts free legal advice on prosecuting offenders. In partnership with NHS Wirral, the unit will also look at privately prosecuting offenders, where the police or Crown Prosecution Service did not take action.

The overall aim of Local Security Management is to create a culture where staff are more security-conscious. The following are ten tips for making your place of work safe and secure:

- Make security your business
- Report all security-related or suspicious incidents
- Wear your identification at work

- Question strangers if safe to do so
- Don't allow 'tailgating'
- Shut/lock windows, doors, cabinets and cupboards in unoccupied secure areas
- Find out who your health and safety representative is

Protect yourself

Be aware of your local security policy
Speak to your Local Security Management Specialist
Philip Davies for further advice.

Contact: Philip Davies, Local Security Management Specialist, on 0151 678 7272 Ext 3422, or mobile number: 0771 7766162 or by email to: philip.davies2@wirral.nhs.uk



Philip Davies
Local Security
Management
Specialist

T: 3422 (651 0011)

We've put contact details for each of the teams in their relevant sections, so if you still have questions, you'll know who to ask!

Training

Includes:	
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Training

The finance directorate provides support, training and guidance to all levels of the organisation with regards to finance, IT and fraud.



Training

Finance training

What is the content and how often is the training held?

Finance training for budget holders and authorised signatories, which also includes Governance and Fraud, is usually held bi-monthly throughout the financial year.

The sessions can be used as refreshers for on-going training or as part of induction for new managers within the organisation.

If you are new to the organisation or would just like a refresher training session please call the Learning and Development Team: Telephone 651 0011 extension 6047 for further details and bookings.

In addition we also offer the following formal and informal training:

- Budget holder training on the financial system (SBS)
- E-procurement requisition training (SBS)
- Informal training as part of the regular budget review meetings

For direct one to one support please contact your link accountant or alternatively your senior accounting link for more senior support.

Training Dates and Provision are included within the PCT's KSF Training Prospectus and learning material, again please contact the Learning and Development team for further information.

IT training

IT training is facilitated by Wirral Health Informatics Service who provide and manage a wide range of internal and external courses, the following is a sample of training available.

- NHS Elite (basic computer skills)
- Microsoft Office (Word, Excel, PowerPoint, Access, Outlook, Project and Visio)
- Advanced ECDL (Microsoft Word and Excel)
- Wirral Results and Order Communications System (WROCS)
- Electronic Health Record (EHR)
- Prince2

To understand any potential training requirements through the completion of a training needs analysis form, and for more information of the available training courses please contact the WHIS Service Desk on 0151 488 7736/7737/7743/7744 or internally on 8899

Fraud training

A key part of our role is providing Fraud Awareness Training. We welcome the opportunity to attend team meetings and can tailor the content of the presentation to meet your individual requirements. Alternatively individual one to ones can be arranged for any member of staff who has any suspicion that fraud is about to take place or has already been committed.

You can contact Joy or Karen on 0151 651 3917 or 07887 987005

Glossary

A-C

A

Accruals

An accounting concept used as part of reporting your monthly statements, and represents the amount of expenditure or income incurred by yourselves that has not yet been paid or received as physical cash.

Annual budget

The total approved budget for the year

AOB

In addition to Any Other Business this notation is now used for Agreement of Balances. This is the exercise whereby NHS organisations are periodically required to agree Debtor / Creditor and Income / Expenditure balances. (Currently M6, M9 and Year

End although year end may not be required for 2008/09 accounts.)

Assets

The physical resources owned by the Organisation

Audit

Process of ensuring that the accounts and processes of the PCT are proper and accurate.

Audit is split into two elements:

- Internal Audit – predominantly looks at the systems and process operated by the PCT,
- External Audit – predominantly looks at the disclosure of financial information and its accuracy e.g. the Annual Accounts and Annual Report.

AWP

This stands for Allocation Working Paper and is the publication used to notify NHS organizations of allocations.

B

Bad debts

Invoices raised to other individuals/organisations that has not been received and it is unlikely that the cash will ever be collected

Balance Sheet

A financial statement that represents the assets and liabilities of the PCT

BEAMS

Budget Estimation and Management System

Better Payment Practice Code (BPPC)

Also known as PSPP (Public Sector Payment Policy) – an accepted code of practice that 95% of all invoices will be paid within 30 days of receipt of the invoice/service.

Business Case

A document that outlines the rationale to approve new investment.

C

Capital Assets

Items with a value of £5,000 or more with a life that will last for more than one year, typical capital items include, Land, Buildings, Plant, Machinery as well as IT and Medical items of equipment

Glossary

D-E

Capital Resource Limit (CRL)

The Capital expenditure limit that the PCT is given by the Department of Health, that we must not spend more than.

Cash Releasing Efficiency Savings (CRES)

The financial savings that must be made each year to promote efficiency in the way we spend public money.

CfH

This stands for Connecting For Health. NHS Connecting For Health supports the NHS in providing better, safer care, by delivering computer systems and services that improve how patient information is stored and accessed.

CF&SMS

Counter Fraud & Security Management Service

Clinical Negligence Scheme for Trusts (CNST)

An insurance risk management scheme within the NHS that settles legal claims for Clinical negligence.

COM (Central Operations Mersey)

A shared service hosted by Liverpool PCT that pays contractual payments to GPs and Opticians for Wirral PCT.

Creditor

An individual or another organisation to which we owe money

CSR

This stands for Comprehensive Spending Review.

Current assets

Assets owned by the organisation that only last for a short period of less than one year, example might include, stock, cash at bank, or money that is owed to the PCT by another organisation (known as a debtor)

D

Debtor

Somebody/other organisation that owes the PCT money

Derwent Shared Services

An NHS shared service which provides a lease car service to the PCT

DH

Department of Health

E

EWTD

This stands for European Working Time Directive. The EWTD is a directive from the Council of Europe (93/104/EC) to protect the health and safety of workers in the European Union. It lays down minimum requirements in relation to working hours, rest periods, annual leave and arrangements for night workers.

Glossary

F-H

F

F1

This stands for Foundation Year 1 being the new first year grade for Postgraduate Doctors in training (replaced House Officer Grade).

F2

This stands for Foundation Year 2 being the new second year grade for Postgraduate Doctors in training (replaced first year of former Senior House Officer Grade)

FIMS

This stands for Financial Information Monitoring System. It is an integrated monthly finance and workforce return for all NHS organisations

Financial Duty

The financial targets that the PCT must achieve each year

FT

This stands for Foundation Trusts. NHS foundation trusts are a new type of NHS trust in England and have been created to give organisations more local autonomy and devolve decision making from central government.

Full Business Case

A detailed document containing all the data relevant to gain approval for a scheme to take place and/or get the funding approved

G

GDS

General Dental Services (The contractual framework for Dentists and Dental Practices)

GMC

This stands for the General Medical Council. The General Medical Council (GMC) registers doctors to practice medicine in the UK. Their purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.

GMS

General Medical Services. The General Medical Services (GMS) contract is the UK-wide contract between general practices and primary care

organisations to deliver primary care services to their local communities.

GOS

General Ophthalmic Services (The contractual framework for Opticians and Ophthalmic Practices)

GPVT

This stands for General Practice Vocational Training. This is the training doctors undertake for General Practice and formally referred to that provided to the Registrar grade.

H

HRG4

HRG4 divides clinical activity into a greater number of subdivisions that better reflect the diversity of clinical activity;

Glossary

I-N

increased specificity means that we are more able to differentiate between different types of activity.

I

I&E

Income and Expenditure
(The revenue running costs of the PCT provided and Commissioned Services)

IFRS

International Financial Reporting Standards (The Accounting Standards applicable to the financial statements/accounts of the PCT)

ISTC

Independent sector treatment centre's (ISTC's) are private-sector owned treatment

centres contracted within the National Health Service. They are sometimes referred to as 'surgicentres'.

J

K

L

Liability

Money that the PCT owes to somebody else predominantly referred to as a creditor i.e. someone/other organisation that the PCT owes money to has not yet been paid in cash terms

M

MFF

This stands for Market Forces Factor. This is used to adjust funding in the NHS for unavoidable variations in staff costs. A part of the Payment by Results mechanism.

Monthly Budget

The proportion of the Annual Budget for any month

MPET

This stands for Multi-Professional Education and Training. This funding is to support the training and education of all NHS staff (future and present) and is payable to both NHS organisations and Health Education Institutions (HEIs)

N

NAO

National Audit Office (oversees the Audit of the Public Sector)

NCA

Non Contractual Activity (the treatment of a Wirral resident at a hospital that the PCT does not have a contractual arrangement with)

Net Book Value

The value of Fixed (Capital) Assets as shown in the Balance Sheet

NHSLA

National Health Service Litigation Authority

NHS SBS

NHS Shared Business Services, a national Financial shared

Glossary

O-P

service function that provides a range of core financial function e.g. payment of invoices to around 100 NHS organisations.

NMET

This stands for Non Medical Education and Training and is the funding stream from the MPET levy to support the training and education of all Non Medical NHS staff.

NPfIT

The National Programme for IT (NPfIT) is an initiative by the Department of Health in England to move the National Health Service towards a single, centrally-mandated electronic care record for patients and to connect 30,000 General Practitioners to 300 hospitals, providing secure and audited access to these records by

authorised health professionals.

NSCAG

This stands for National Specialist Commissioning Group. NSCAG transferred to the NHS in April 2007 and is now known as the National Commissioning Group (NCG). The NCG oversees the national commissioning of highly specialised services and facilities collaborative working at a pan-Specialised Commissioning Group (SCG) level. The 10 SCGs commission specialised services at a regional level.

O

P

PbR

Payment by Results is the funding system that allocates monies to NHS providers based on a national tariff price. Designed to support patient choice and diversity and encourage increased activity and quality of service provision.

PFI

Private Finance Initiative

PGO Accounts

Basically the PCT's bank account that is held at the Payments General's Office (Bank of England)

PMS

Personal Medical Services. Personal Medical Service pilots have been operating in HAS

under the NHS (Primary Care) Act 1997. A PMS Contracted Doctor is a practitioner who is in contract with the HA to provide the full range of GMS services through the PMS pilot contract.

PPA

Prescription Pricing Authority

Provisions

A contingency for future payments we may have to pay out, for events that have happened in the past.

PTS

This stands for Patient Transport Services. These are the services providing transport for patients both Emergency and Non Emergency. Ambulance Trusts.

Glossary

R-W

Q

R

R&D

This stands for Research and Development.

Revenue Resource Limit

The expenditure limit that the PCT is given by the Department of Health, that we must not spend more than

S

SAS

Statement of Auditing Standards.

SFI's

Standing Financial Instructions (The PCT approved business rules that we must follow

SHA

Strategic Health Authority (The next tier down from the Department of Health within the overall NHS Structure that oversee the NHS in a geographical region e.g. the North West).

SIC

This is the Statement of Internal Control.

SO's

Standing Orders – (The PCT approved delegated limits for the receipt of income and incurring of expenditure)

T

TCS

Transforming Community Services

U

UoR

Use of Resources.

Under the Healthcare Commission's scoring system, NHS organisations are assessed and given overall scores on "Quality of Services" and "Use of Resources". Scores can vary from Excellent, Good, Fair and Weak

V

Variance

The difference between plan and actual expenditure

W

WCC

World class commissioning is a statement of intent, aimed at delivering outstanding

performance in the way we commission health and care services.

World class commissioning will have a direct impact on the health and well-being of the population, driving unprecedented improvements in patient outcomes, and ensuring that the NHS remains one of the most progressive and high-performing health systems in the world.

WHIS

Wirral Health Informatics Service

WTE

Whole Time Equivalent (The total number of equivalent full time staff)

Glossary

Y-Z / 0-9

X

Y

Year to Date

The Proportion of the Annual Budget cumulative to the reporting month in question, and the total expenditure incurred cumulatively to the reporting month in question

Z

0-9

3PD

Third Party Developments

